

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/19/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G622		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 04/01/2013	
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT				STREET ADDRESS, CITY, STATE, ZIP CODE 7520 KILMER LN INDIANAPOLIS, IN 46256			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
K010000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 04/01/13</p> <p>Facility Number: 001159 Provider Number: 15G622 AIM Number: 100245690</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist,</p> <p>At this Life Safety Code survey, Community Alternatives - Adept was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>This one story building was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, all living areas and all bedrooms. The facility has a capacity of 5 and had a census of 5 at the time of this survey.</p>		K010000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.0.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/04/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K01S053	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10. These alarms are powered from the building electrical system and when activated, initiate an alarm that is audible in all sleeping areas. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for living rooms, dens, day rooms, and similar spaces. 33.2.3.4.3.</p> <p>Exception No 1: Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system.</p> <p>Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance with 32.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms.</p> <p>Based on record review, observation and interview; the facility failed to ensure 1 of 10 smoke detectors was functional tested annually. LSC Section 9.6.2.10.1 refers to NFPA 72, National Fire Alarm Code. NFPA 72, at 7-3 requires testing to be in</p>			K01S053	<p><b>CORRECTION:</b> <i>NFPA 72, at 7-3 requires testing to be in accordance with Section 7-3, Inspection and Testing Frequency. NFPA 72, 7-3.2 states initiating devices testing shall be in accordance with Table 7-3.2. Table 7-3.2 states all</i></p>		05/01/2013

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	<p>accordance with Section 7-3, Inspection and Testing Frequency. NFPA 72, 7-3.2 states initiating devices testing shall be in accordance with Table 7-3.2. Table 7-3.2 states all smoke detector initiating devices shall be functional tested annually. This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review of Superior Systems &amp; Supply "Periodic Fire Alarm Inspection &amp; Testing Report" documentation dated 06/20/12 with the Maintenance Aide during record review from 10:00 a.m. to 10:55 a.m. on 04/01/13, a total of nine facility smoke detectors were functional tested. Based on review of Superior Systems &amp; Supply "Smoke Detector Sensitivity Test" documentation dated 03/13/12, a total of ten facility smoke detectors were sensitivity tested. Based on observations with the Maintenance Aide during a tour of the facility from 10:55 a.m. to 11:25 a.m. on 04/01/13, ten smoke detectors were observed installed in the facility. Based on interview at the time of record review and the observations, the Maintenance Aide stated no smoke detectors have been removed from the facility within the last year and acknowledged functional testing documentation of all facility smoke</p>				<p><i>smoke detector initiating devices shall be functional tested annually.</i> Specifically, the facility will contact the fire alarm and sprinkler provider and arrange for sensitivity testing of all facility smoke detectors.</p> <p><b>PREVENTION:</b> The Maintenance Manager will obtain schematic diagrams of the facility's alarm and sprinkler system from the fire alarm and sprinkler provider and will accompany the provider on all inspections to assure all smoke detectors are tested per NFPA 72, 7-3.2.</p> <p><b>RESPONSIBLE PARTIES:</b> Clinical Supervisor, Maintenance Team, Operations Team, Quality Assurance Team</p>		

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	detectors was not available for review.						